

MEMORANDUM

Agenda Item No. 3(A)(10)

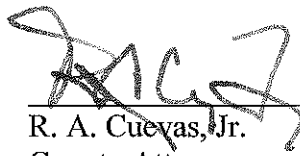
TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: April 2, 2013

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services for
the January 19, 2013 "32nd
Annual West Perrine Dr. Martin
Luther King Parade"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/smm

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 3(A)(10)
4-2-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE JANUARY 19, 2013 "32ND ANNUAL WEST PERRINE DR. MARTIN LUTHER KING PARADE" SPONSORED BY THE WEST PERRINE COMMUNITY DEVELOPMENT CORPORATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,960.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the West Perrine Community Development Corporation, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the January 19, 2013 "32nd Annual West Perrine Dr. Martin Luther King Parade" in an amount not to exceed \$2,960.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "32nd Annual West Perrine Dr. Martin Luther King Parade" is to celebrate the life of Dr. Martin Luther King; and

WHEREAS, the West Perrine Community Development Corporation, Inc. is a not-for-profit organization; and

WHEREAS, the "32nd Annual West Perrine Dr. Martin Luther King Parade" is a major event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,960.00 of the in-kind services shall be funded from the balance of the District 9 FY 2012-13 In-Kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the January 19, 2013 "32nd Annual West Perrine Dr. Martin Luther King Parade" sponsored by the

West Perrine Community Development Corporation, Inc. in an amount not to exceed \$2,960.00 to be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman

Lynda Bell, Vice Chair

Bruno A. Barreiro

Jose "Pepe" Diaz

Sally A. Heyman

Jean Monestime

Sen. Javier D. Souto

Juan C. Zapata

Esteban L. Bovo, Jr.

Audrey M. Edmonson

Barbara J. Jordan

Dennis C. Moss

Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of April, 2013. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY
ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event* - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☒ Major Event* - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event Commissioner Dennis C. Moss District 9

1. Full legal name of the requesting organization: West Perrine Community Development Corporation, Inc.

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
☐ For-Profit
☐ Local Government or Public Entity
☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): _____

Ed Hanna

14880 Polk Street Miami, FL 33176

(786) 298-6925 emtemi@att.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____

Bleachers, show mobile for Dr. MLK Parade

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

32nd Annual West Perrine Dr. Martin Luther King Parade
This is an annual parade consisting of marching
band, drill teams churches and community organizations.
The event is held to celebrate the great work of
Dr. King and remind the public that much work is
still to be done. This is not a fundraiser.

6. Please select ALL that apply to event:

- ☒ Economic Development: Event supports vitality or growth of the local economy
☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
☒ Arts and Culture: Event supports music, theatre, literature, art or culture
☒ Environmental: Event benefits environmental concerns or promotes conservation
☒ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): District 9

Starting from Homestead Avenue and S.W. 18th Street
(Eureka Drive) Headwest to S.W. 107 Avenue.

8. Description of regional or local impact: This 32nd Annual Dr. Martin Luther
King Parade brings together approximately 10,000 people
to celebrate the works of Dr. Martin Luther King
and to remind people that much work is still
left to be done

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

7:30 AM set up for Event and Breakdown is at
12:00 NOON.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See attach Map

11. Expected number of participants and estimated attendance (per day, if applicable): 2,000 participants in the parade - 10,000 in audience

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Total event budget \$21,000.00 only asking for in-kind for Bleachers and Stage

I hereby certify that all the statements made in this application are true and correct.

G. Hansen
Signature of Authorized Representative

January 15, 2013
Date



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: West Perrine Community Development Corporation

EQUIPMENT REQUESTED: Showmobile Large and (1) 300 seat Bleacher

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss,
Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Miami, FL

NAME/TITLE OF THE EVENT: 32nd Annual Dr Martin Luther King Jr Parade

ADDRESS OF EVENT: Eureka Drive and Homestead Ave

TODAY'S DATE: 01/15/13

DATE (S) & TIME OF EVENT: 01/19/13 10AM – 12PM

SET-UP TIME & DAY: 01/19/13 7:00AM

TAKE-DOWN & DAY: 01/19/13 12PM

CONTACT PERSON/PHONE: Ed Hanna 786-298-6925

AT SITE CONTACT/CELL PHONE#: _____

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

***Fee:** \$2,960.00 In-kind District #9

***(SEE FEE SCHEDULE FOR EXACT CHARGES)**

Signature: _____

Commissioner Dennis Moss

Agency/Group: Commission District #9

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

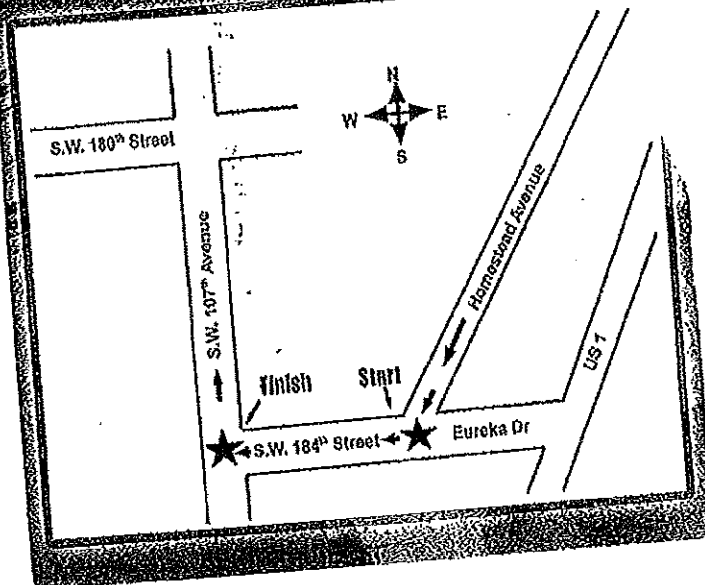
½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

Late equipment arrivals, please call (786) 236-7926

WEST PERRINE
NATIONAL
**MARTIN
LUTHER
KING, JR.**

32ND Annual
*Homestead
Parade*

Starting from the corner of Homestead
Avenue and SW 184th Street (Eureka Drive)
head West to SW 107th Avenue



**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
West Perrine Community Development Corp., Inc.

Business name, if different from above

Check appropriate box ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
14800 Polk Street

City, state, and ZIP code
Miami, FL 33176

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, use the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | | | | | | |
or
Employer identification number
5 9 1 2 4 7 8 6 1 9

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here *John K. Harris* Date *January 5, 2013*

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:


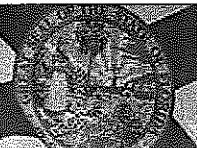
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the law of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the only

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
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Entity Name Search

Events **No Name History**

Detail by Entity Name

Florida Non Profit Corporation

THE WEST PERRINE COMMUNITY DEVELOPMENT CORPORATION, INC.

This detail screen does not contain information about the 2013 Annual Report.
Click the 'Search Now' button to determine if the 2013 Annual Report has been filed.

Filing Information

Document Number	766122
FEI/EIN Number	592478619
Date Filed	12/14/1982
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/23/2013
Event Effective Date	NONE

Principal Address

10301 SW 145 STREET
MIAMI FL 33176 US
Changed 11/23/2010

Mailing Address

10301 SW 145 STREET
MIAMI FL 33176 US
Changed 11/23/2010

Registered Agent Name & Address

HANNA, EDWARD H JR
14800 POLK STREET
MIAMI FL 33176 US
Name Changed: 11/23/2010
Address Changed: 01/23/2013

Officer/Director Detail

Name & Address
Title C

SPENCER, ROBERT
10875 S. W. 216 STREET
MIAMI FL

Title VCS

HANNA, EDWARD
14800 POLK STREET
MIAMI FL 33157

Title D

WEBB, LINDA
10480 SW 171ST ST.
MIAMI FL

Annual Reports

Report Year Filed Date

2011	11/18/2011
2012	01/23/2013
2013	01/23/2013

Document Images

01/23/2013 -- REINSTATEMENT	View image in PDF format
11/18/2011 -- REINSTATEMENT	View image in PDF format
11/23/2010 -- REINSTATEMENT	View image in PDF format
10/16/2009 -- Reg. Agent Resignation	View image in PDF format
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01/15/2008 -- ANNUAL REPORT	View image in PDF format
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07/19/2005 -- ANNUAL REPORT	View image in PDF format
05/05/2004 -- ANNUAL REPORT	View image in PDF format
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Memorandum



Date: April 2, 2013

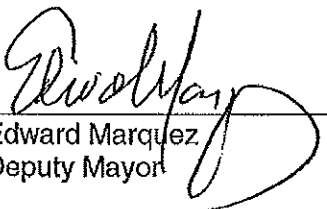
To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by The West Perrine Community Development Corporation, Inc., for their "32nd Annual West Perrine Dr. Martin Luther King Parade" event held on January 19, 2013.

In-kind services have been requested in an amount not to exceed \$2,960 from the Parks, Recreation and Open Spaces Department for the use of a large showmobile and one 300 seat bleacher. This event will be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.


Edward Marquez
Deputy Mayor

Inkind01317